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ABSTRACT

This is a study of drug abuse attitudes and knowledge in "Middle America". A random sample of teachers, parents, police, mental health clinic workers, ministers, and high school students (both drug users and non-users) were interviewed and tested to ascertain their attitudes and knowledge regarding drugs. The findings are that drug users, in addition to being much more knowledgeable about drugs than non-users, encounter quite different problems related to drug use than non-users might imagine. Evidence indicates that users are very aware of the fallacy of considering "drugs" in a general, all-encompassing way, and instead make sharp distinctions between drugs. Non-users continually fail to do this. The report concludes that prevention and educational programs should take into consideration both a large attitudinal difference and a certain sophistication among drug users, even at the high school level. Particular problems and areas of ignorance are noted in order to aid in establishing more realistic, efficient, and effective organization, staffing, and operation of programs. (Author/WS)

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"DRUG ABUSE KNOWLEDGE AND ATTITUDES IN 'MIDDLE AMERICA'"

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ABSTRACT

Relative to the urban slum or commune environment, little is known of the drug abuse attitudes and knowledge of "Middle America." As illicit drug use has become widespread in our society, demand for effective drug education, prevention, and rehabilitation has risen. It is important that the attitudes and knowledge of both those using and not using drugs be known in order to deal with these problems successfully.

In a small (pop.25,000) Eastern community in the United States, a random sample (N-124) of teachers, parents, police, mental health clinic workers, ministers, and high school students (both drug users and non-users) were interviewed and tested to ascertain their attitudes and knowledge regarding drugs.

The findings are that drug users, in addition to being much more knowledgeable about drugs than non-users, encounter quite different problems related to drug use than non-users might imagine. Evidence indicates that users are very aware of the fallacy of considering "drugs" in a general, all-encompassing fashion, and instead make sharp distinctions between drugs, whereas non-users continually fail to do this.

Prevention/educational programs should take into consideration both a large attitudinal difference and a certain sophistication among drug users, even at the high school level. Particular problems and areas of ignorance among the (usually non-drug using) educators are indicated so as to further aid in establishing more realistic, efficient, and effective organizing, staffing, and operating of programs.

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INTRODUCTION

The various problems currently caused by the use of illicit drugs (to the user and non-user alike) are often rather poorly defined. This is due, to a large extent, because many studies are not analyzing primary source data. Also, they often have not actually surveyed the young drug using people regarding this socio-medical problem.

Some users maintain that they are taking drugs in order to cope with certain life problems that they encounter. (Whether this reasoning is honest or rational becomes academic when it is realized that it is this attitude which is "determining" their behavior). Without first clearly establishing the actual nature and scope of problems, such as the attitudinal and knowledge differences between user and non-users, it becomes virtually impossible to establish realistic and feasible objectives for drug education and prevention programs. Following adequate groundwork, however, a more efficient foundation for preventive health care may be possible.

METHODOLOGY

The objective of this study was to interview a stratified, random sample of citizens (N=124) in varied occupations, both old and young, and including users and non-users, in a small (population 25,000) Eastern U.S. community, in order to compare both their attitudes and knowledge regarding today's drug problem. Respondents included 56 local high school seniors, 22 parents of these students, 18 teachers, 8 policemen, 8 clergymen, and 12 local professionals in a mental health clinic. All were white, middle class, and had resided in this community for four or more years.

It was hypothesized that there might be a difference between the problems drug users actually had and the problems which non-users imagined that they encountered. These differences, if specified, could have an important impact in the shaping of drug education and drug rehabilitation for such communities. Thus, a program could be established to aid addicts which would be wed to the sociological realities of those they are attempting to aid. Further, a drug knowledge test was developed and given to all

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subjects to ascertain if users did in fact know more about socio-medical aspects of drugs.

Site selection was partially determined by much of today's literature referring to drug use in the addictive, center city, urban pattern or in the more voluntary enclave of the "hippie" life style. Knowledge is now sorely needed about the attitudes and knowledge current in areas not like these two, but in today's more usual and general social setting, often called "Middle America." Findings might then be relevant to a wider portion of the nation's population.

The interviews included attitudinal questions of both "openended" and "forced choice" type, and a drug knowledge test, to examine how much the respondent knew about the drugs in question (marijuana, stimulants, depressants, narcotics, and hallucinogens). The attitudinal questionnaires were identical for all categories of respondents except for two questions which differed for users and nonusers.[1] A total of 22 questions were in each instrument, which took 45-60 minutes to complete.

The sample (N=124) was randomly selected, within each category, the students[2] and parents[3] being selected from the administrative files of the school. Mental health clinic workers, clergy, teachers, and police (33% sample of each category) were randomly selected from lists provided by their employers and/or the City Council. Interviewers were young (not more than six years older than the students) and were trained in establishing rapport with the respondents. Students were promised that they could talk honestly, without loss of anonymity, fear of disclosure, and/or arrest. Key students, previously selected by both teachers and students as "leaders," were utilized to assure others of the honesty and integrity of the project.

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1. These questions were the last on the schedule. Drug using and non-drug using students were not identified by the interviewer until this concluding portion of the questionnaire. ("User" was defined simply as a person who was currently, or had at any time within the last 6 months, used any of the drugs in question).
2. For the largest category in the sample, that of "students" (N=56), consent forms were sent out to some 250 (50% sample) randomly selected individuals. From the 196 (>78%) which were completed and returned, every third person was interviewed (data from 9 students was for various reasons disqualified).
3. Of those parents returning signed consent forms, approximately every tenth couple were interviewed.

ATTITUDINAL FINDINGS

When respondents were asked to give their definition of the word "drug," three types of responses were common, with the proportion of these responses varying according to occupational grouping. These responses were: a. "something used for medicinal purposes by doctors to relieve pain"; b. "something that is taken to alter an individual's mind or mood"; and c. "something that interrupts normal body chemistry." The large majority (20;91%) of parents and all (8) policemen felt that drugs were for medicinal purposes, and failed to mention any illegal drugs in their definition. The ministers' responses were equally split between drugs used as medicine and those used to interupt normal body chemistry. Seventy-five percent (6) of the teachers described drugs as altering "body chemistry," with the remaining twenty-five percent (2) describing drugs as "medicinal." The student non-users response might be described as "intermediate" between parent and teacher with sixteen (47%) responses being "medicinal" and ten (29%) being "alteration of body chemistry." Eight-two percent (18) of the users and seventy-five percent (8) of mental health workers viewed drugs as both "mood or mind altering" and affecting "body chemistry" simultaneously.

When asked what the distinctions were between drugs, all respondents except two policemen recognized some type of difference. Some people in every group saw a distinction between the dangers involved in using various drugs with virtually every person who answered in this manner placing marijuana at one end of the scale as being "least dangerous" or "harmless," and heroin at the other end, being "most dangerous," (primarily because of its addictiveness). The only other drug commonly mentioned as dangerous was LSD, and those so classifying it, cited chromosonal damage as the main deterent. Four (50%) of the teachers and twelve (35%) of the student non-users recognized other drug distinctions such as addictive/non-addictive (sometimes incorrectly), hallucinogenic, stimulative, etc. Every user (N=22, or 39% of students) recognized distinctions between drugs, primarily as shown by their effects, and eighteen (82%) users further recognized additional categories such as stimulants, depressants, "acid," (LSD) and "smoke" (marijuana or hashish).

Regarding drug usage, parents, ministers, and police felt that using any illegal drug was "abusing" it and the only "legitimate" way to use a drug was for medicinal purposes with a physician's guidance. Twenty-two (65%) student non-users agreed with this, with the remaining students deciding that abuse depends on the nature of the drug and how it is utilized. In equal proportions, some teachers felt illegal drug use constituted drug abuse, while the remainder felt that drug use becomes abuse when it interferes with an individual's normal daily functioning. Both the mental health people and student users agreed with this latter statement. (One respondent expressed his distinction between use and abuse as "whether you are doing the drugs or they are doing you.") Eighteen (82%) student users said that abuse depended upon the drug used (e.g., heroin use is abuse), and why the drug is used. Users considered "valid" uses to be "entertainment," "to gain insight," or "for studying."

The general effects of drug abuse on non-users were noted by police, teachers, ministers and mental health personnel, all of whom said that drug abuse affected them through their jobs and that it was a problem with which they are greatly concerned. Several teachers said drug abuse affected them through taxes and a rising crime rate. Half of the parents (11) said that the problem of drug abuse did not affect them at all and the other half reported concern, but only one parent was worried about the possibility of her child using drugs. Most student non-users said they also felt concern for the well being of the drug users.

When asked about their attitudes towards a particular drug such as marijuana, all drug users (22) said marijuana was not a dangerous drug, although some felt that it could "cause" loss of ambition and/or social withdrawal. These same people felt marijuana should be used with discretion and one said, "if you're not mature enough to handle it, it can mess you up. What you need is self confidence." In the non-users group (N=34), more students classified marijuana as "harmless," (28;82%) than "dangerous" (6;18%). The student non-users who thought marijuana was dangerous, mentioned either that smoking could lead to harder drugs, or that this might be possible but

that there wasn't enough evidence. Most non-users (19;56%) hesitated to comment upon the dangers of marijuana, saying they weren't really sure. Marijuana was compared to beer by half (4) of the teachers, six teachers thought marijuana was harmless or were not certain, and two teachers thought it was dangerous. On the other hand, all parents except one (21;95%) thought marijuana was dangerous (for a variety of reasons). All police officers (8) also felt it was dangerous, while none of the mental health people felt this was so. Ministers were divided on the question, half of them (4) saying that marijuana could cause "psychological addiction." The reasons for people judging marijuana as dangerous were extremely varied, and the only reason consistently appearing across groups was that it could lead to harder drugs.

The relation between the growing use of illegal drugs and its impact on such aspects of our society as law, life style, education, interactions between people, and the family was also explored. Contrary to popular myth, drug users answered <u>similarly</u> to non-users in this area and their attitudes throughout the study did <u>not</u> show any significant personal dissatisfaction with American culture in general. Non-using students, although aware of great upheavels in American values, ideas, and life styles did not express their feelings about these concepts as strongly as did users. This was reflected in the non-users generally more "conservative" responses throughout the study.

Attitudes towards drugs of the non-using adults and students were of a very "external" or remote nature, drugs not being a part of their normal life. Users, however, responded in great length and tended to make questions of a societal nature become personal and intimate. Non-users speculated briefly, often in a detached manner, in reply to identical questions.

There was general concensus, across respondant categories, with regard to: attitudes concerning anti-drug laws, estimates as to use of drugs locally, and the lack of effective drug education in the community. When asked specifically, "How widespread do you believe drug use is locally and nationally?", answers showed very little differentiation among categories of those interviewed. The general consensus was that drug use was "wide-

spread" locally and that the percentage of high school and college youth that had tried and/or used drugs was between 25-50%. The overwhelming majority of non-students (54;79%) thought that marijuana and hashish were the most widely used drugs, with "speed" mentioned next and heroin not at all. Most (41;81%) felt that drug use, in general, was much greater on the national level, especially in large cities.

When asked how a youth's family can effect his use of drugs, most students (41;73%) noted parental inability to openly discuss drug issues. Dialogue between parent and child on the topic of drug use seemed to usually be a cause of friction. Parents replied that their primary concern was to get their child to "the doctor" or "the proper authorities" if "trouble" arose. They felt that they could do nothing as a parent and would be appalled by the child's behavior. All (22) stated that they would seek a means of immediately halting their child's use of illegal drugs.

The question, "Why do you think drug usage has become such an important issue recently?" elicited the reply from non-users that causation is an external phenonemon. They saw publicity, TV, and public interest as sources of the rising importance being given to drug usage. Some spoke of dissatisfaction with the styles and obligations imposed by today's society. Users pointed to the idleness they found in life, and were more dissatisfied with some of the alternatives they viewed as being offered within our culture. They saw a "rapidly growing rigidity" in life, and drugs as not a way out of a dissatisfied life, but more a way of tolerating the growing pressures they felt. Among these pressures were, "the war," "parental hassles," "succeeding in school," and "finding something to do around town."

Respondents were asked what characteristics they thought constituted the "typical" drug user and also how they thought other people arrived at such a determination. An overwhelming majority of non-users (86;84%) said that <u>other</u> people saw drug users as "hippies," "dropouts," "kids in communes and at rock festivals," "dirty long hairs," etc., but denied that <u>they</u> thought these descriptions were valid. Student users agreed that people

usually stereotyped drug users but added that there was no such thing as a "drug culture." Users that they knew were of such diverse characteristics and life-styles that for them the term "drug culture" was invalid.

The policemen felt that present drug laws were adequate, while all other occupational categories felt that the laws needed changing. Some policemen (4;50%) felt that drug use was a fad and one officer said: "I wouldn't arrest someone having a joint, but I'd tell him he was a fool." This was reflected by the fact that there had only been four local drug arrests, all for sales, not possession and/or use. Users agreed that drug laws were not rigidly enforced locally. Parents felt that stricter laws and stronger enforcement would be needed to stop drug traffic. Student non-users felt that marijuana use should be only a misdemeanor, while users either agreed with this or felt it should be legalized. One user felt that "grass" should be legalized to "keep people off hard drugs, because this might help to keep them away from hard drug pushers." Others who favored legalization (two ministers, four mental health workers, two teachers, four non-users, and two parents) stipulated that regulations would be needed, such as are now in force for alcohol. Only two adults, but half (28) of all the students thought that users should be "rehabilitated" instead of jailed, and all groups agreed that the seller should be more severely punished than the user. The most common conception was that the pusher was a moneymaker and the user was foolish, naive, etc.

Students, both users and non-users, spoke at great length when asked about the pressures which face people in this country. While the students' showed multiple responses to this question, other groups usually answered with a single statement such as "there's too much permissiveness in this country today" or "the TV shows the kids how." The largest student response was: "tension from a high-pressured, technological, highly stressed society," followed by "rebellion against parental pressure to do well in school, make the parents look good, and assume their values." Other frequent student replies were, "the war in Vietnam," "pressures to conform," "lack of love from parents," and "kids today are more questioning and curious." Non-student categories rarely gave this type of reply but mentioned "idleness," "too much time," and "affluence" as societal causes for drug abuse. Eight of twelve mental health workers mentioned the "depersonalization of today's

society" and four of eight ministers mentioned the "hypocrisy of adults."

The above attitudinal differences were often found between those who either cause pressure or those who have pressures put upon them; i.e. establishment vs. the young (both drug-users and non-users alike). This "generation gap" would seem to be an important consideration for any attempt at establishing a drug abuse education/prevention program.

Only a very small number of those interviewed had had "formal"[4] drug education. Of the students, almost all (49;88%) had their education in health class in school. Typical comments regarding these lectures and films were: "very distorted," "everybody laughed at it," and "brainwashing-not education." The students' comments regarding their education were generally derogatory (users and non-users alike) and only one person, a non-user, reported seeing a credible, interesting film. A policeman stated that the course he took was too "scientific" and that he couldn't understand it. Students and mental health workers usually believed that much reading on the subject was required.

Table one about here

ATTITUDES TOWARDS DRUG REHABILITATION

A variety of response was found regarding what was thought to be the optimal way to organize and run a community drug program. Mental health clinic personnel and young people felt strongly that ex-addicts should be an integral part of any such program. They argued that those people, having personally experienced drug effects and patterns, could best understand the user's situation. They also felt it was vital that the policy of "no arrests" be applied to any drug center. Parents, ministers, teachers, and police, however, responded that the most important consideration in organizing a drug center would be the staffing of it with qualified "medical" personnel, such as physicians and medical sociologists and psychologists.

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4. The concept of "formal" education was utilized simply to differentiate between those who casually read the newspapers and those who had further researched the area through intensive reading or courses. The term was specifically left for the respondent to define and, in fact, no one questioned the phrase.

Table 1. Amount of Formal Drug Education, by Occupation

Education	Respondent Occupation						
						Student	
	Police	Mental Health Personnel	Ministers	Teachers	Parents	Non-Users	Users
Formal Education	4 (50%)	4 (33%)	2 (25%)	4 (22%)	0 (0%)	10 (29%)	6 (27%)
No Formal Education	4 (50%)	8 (67%)	6 (75%)	14 (78%)	22 (100%)	24 (71%)	16 (72%)
Totals (N=124)	8 (100%)	12 (100%)	8 (100%)	18 (100%)	22 (100%)	34 (100%)	22 (100%)

The police felt that strict supervision and confinement should be the drug rehabilitation technique employed. In fact, the majority of all adults believed in compulsory drug rehabilitation, especially for addicts, whereas every user stated that the voluntary nature must not be lost in the establishment of any rehabilitative program. Students, both non-users and users, stated that a relaxed, group atmosphere should be a center's objective. Group "rap-sessions" and "one-to-one" contact were felt to be the best format for any therapeutic effort. To the question, "who needs drug rehabilitation?", all users said "only people who want it." The majority of parents (15;68%) said that "anybody who uses any drug" needs medical attention. Over half of the users (19;56%) added that heroin addicts should be the major concern of any rehabilitation center.

When asked "what should the processes of drug-counseling and rehabilitation focus on?" the adults reflected their own current occupational role in society. For example, teachers emphasized the employment of "movies and audio-visual aids" for educating the user about his predicament. Police felt the need for "strict supervision and confinement" in getting persons off drugs, and parents felt that a physician would know how to handle individuals. The ministers stated that a "basic faith" had been lost by drug users and that rehabilitation should in some way encourage "soul-searching," and the Mental Health Clinic personnel emphasized the need for both a social and psychological adjustment and renewed social awareness (e.g., job training, personal interests, etc.).

Users saw the prime concern of rehabilitation as an opportunity "to get into yourself and other people," to develop "new understanding of some hang-up or problem" through close inter-and intrapersonal contact, and then to "decide to get on or off a drug." They stated that it wasn't as much the idea of getting off a drug, as it was the coming to terms with or gaining understanding of things within yourself which had troubled you. These users stated they would not become addicts or be otherwise harmed by the drugs they used, and that the problems related to a rehabilitation center would arise from the "harder" addicting drugs and with people involved with that type of drug.

What a community sees as the best in techniques and objectives for a rehabilitation center is extremely important to its success. The adults, including all mental health clinic employees, emphasized "readjustment" and "the finding of a place in society as a productive member" as desired rehabilitative goals. The psychologists and social service people looked upon disabling drug usage as symptomatic of some larger social or psychological problem, which should be dealt with therapeutically. The other adults felt that drug usage in itself was crippling of the users' personality and that use must be discontinued through either medical and/or legal means.

Drug usage to all non-user categories seemed to be a destructive threat. No logical or realistic reason was seen as to why a person would use drugs. Users were seen to be "harming themselves" and "ruining their lives." Users, however, said that drug usage was "a part of their life" and not a negative or destructive force at work on them.

Everyone in the sample (N=124) did respond that some form of a community drug center was needed. Non-users, adults and students (N=102), felt that the primary goal of a center should be the irradication of drug abuse and returning of drug users to a functioning, productive role in society. Users (22) looked upon a center as a place to seek self-understanding as well as the facts about drug use. Thus, although user and non-user ideas for organizing and staffing (doctors, para-medical people, ex-users, young people) a community drug center are somewhat similar, each group has differing objectives, which could drastically effect the nature, scope, and success of such a center.

FURTHER USER AND NON-USER COMPARISONS

Perhaps the most striking aspect which arises from comparison of user versus non-user attitudinal responses, lies within the distinctions made (or not made) between the various types of drugs. Non-users consistently failed to connect specific drugs with specific effects. Users on the other hand, drew clear lines of demarcation and, based on their personal experience, stated the particular problems which they encountered. Non-users gave the response that "drugs," in general, caused what they called "health and/or physical problems." The non-users second largest

response was that drugs, again, in general, caused an "increase in crime," yet no user connected crime with drugs directly. Non-users also believed that drugs generally led to a "loss of control," and responded ten to one, when compared to users (20;59%-2:9%), that they felt they would commit crimes under the influence of marijuana. It becomes clear, then, that there are extremely disparate viewpoints regarding the problems surrounding drug use.

The users' personal problems, as they described them, often pointed to something within their personality and were not always a function of the drug itself. It was frequently mentioned by the users that drugs like marijuana, amphetamines, LSD, seemed to intensify some situations that were already emotionally upsetting to them.

Both users (22) and non-users (102) were asked what their reasons were for their drug related decisions and actions and again the distinction (or lack of it) between the various drugs was seen in the two categories. The reasons given by non-users for not using illegal drugs did not differentiate between the various categories of drugs. The reasons given for non-use that appeared more frequently were: "don't need it," "bad for the body," and "fear of addiction." Most non-users said that they would only use drugs for medical or painkilling reasons. Three had tried marijuana but hadn't used it again after their brief encounter. Reasons given for experimenting were, "curiosity," and "peer group pressure."

Users, on the other hand, stated why they used certain drugs and why they did not use other particular drugs. Ten users specifically mentioned their fear of hard drugs such as heroin ("O.D." and "addiction"), LSD ("messes up the head," "causes paranoia," and "deformed children") and amphetamines ("don't know enough about it," and "strings you out"). Their reasons for using were: "curiosity about grass" (14), "relaxation" (8), "peer group pressures"(6), and "boredom" (6).[5]

When asked if there were any benefits in drug use, only one user (5%) answered negatively (she had experimented due to "curiosity" and

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5. Multiple responses were allowed.

"since (her) friends were using them"). Of the twenty-one users who saw benefits, fourteen (67%) made quite large distinctions between various drugs. For example, all said they used marijuana in a social setting for relaxation and entertainment, or to experience the enjoyable feelings associated with smoking the substance.

DRUG USE PROBLEMS - THE ESTIMATED AND THE KNOWN

The survey also attempted to ascertain exactly what problems the non-drug using population thought were caused (not just related to) by the use of drugs (see table #2).

Table two about here

In their responses to this open-ended question, the ministers and policemen emphasized their belief that "health problems" were caused by drug usage, and the mental health clinic personnel, teachers, and students deemphasized this. The student non-users thought that the "escape from reality" was somewhat of a problem whereas the parents thought that, in addition to "health," "addiction," "loss of control," and "crime" were problems germaine to drug use. Ministers saw "apathy" and mental health people viewed "interpersonal problems" as important. The teachers (and police) saw the "increase of crime" and "reduced scholastic achievement" as connected to drug use. No list of "causes" was presented, but each respondent spontaneously cited his own list of drug-caused problems.

The problems caused by drug use, as reported by the user himself, are more seldom presented and when this is done, it is often accomplished in a somewhat dry and impersonal summary paragraph or perhaps presented in the form of a table. Since these problems are of such a very real and personal nature, often frightening, always complex, very difficult to quantify, and of great variety, they are presented here in their original "street" language and in telegraphic style. It is hoped that by this deviance from the editorial norm, a small flavor of the fear and paranoia, and the general social-psychological nature of these problems will be more deeply experienced.

Table # 2

PROBLEMS CAUSED BY DRUG USE - AS ESTIMATED BY NON-USERS (N-102)(multiple responses)

Problem	Respondent Category					
	Parents (22)	Ministers (8)	Mental Health (12)	Teachers (18)	Police (8)	Students (34)
Health Problems	14 (64%)	6 (75%)	0	6 (75%)	8 (100%)	12 (35%)
Friction between users & elders	4 (18%)	4 (50%)	0	4 (50%)	4 (50%)	8 (24%)
"Crutch"; escape reality	2 (9%)	2 (25%)	0	2 (25%)	0	14 (41%)
Addiction	8 (36%)	2 (25%	6 (50%)	6 (75%)	0	8 (24%)
Mental emotional loss of control	10 (45%)	0	0	2 (24%)	2 (25%)	8 (24%)
Increases crime	8 (36%)	2 (25%)	0	8 (100%)	8 (100%)	6 (18%)
Chromosonal damage (LSD)	0	2 (25%)	4 (33%)	2 (25%)	0	6 (18%)
Apathy; won't get ahead; bad marks	0	8 (100%)	0	8 (100%)	2 (25%)	2 (6%)
Accidents	4 (18%)	4 (50%)	0	2 (25%)	2 (25%)	4 (12%)
Disorientation; depression; alienation/withdrawal personal & interpersonal problems	0	2 (25%)	10 (83%)	4 (50%)	2 (25%)	8 (24%)

The following are problems that drug users find to be a result of their using drugs (in their own words):

User A: (1) Fear of being "busted" (arrested by police); not so great a fear of discovery by parents.
(2) Fear of being "ripped off" (stolen from).

User B: (1) Sneaking behind parents back; guilt.
(2) Distrust between kids in buying and selling.
(3) Paranoia; once thought I was hash addict.
(4) Bad "acid trip" (LSD experience). Was upset over girl when took trip and acid exagerated the problem.
(5) Sometimes, when "stoned" (intoxicated), have fights with my father, then get depressed and guilty.

User C: (1) Indirectly, has affected friendship with one person (wouldn't do "acid" with him).
(2) Girlfriend doesn't smoke "grass" (marijuana).

User D: (1) Lost self-confidence.
(2) Irritability.
(3) Sometimes desire to be a loner.
(4) No problems with grass.

User E: Paranoia about being arrested.

User F: (1) Paranoia (but usually nervous anyway).
(2) Bad acid trip.
(3) Space out too much on "hash" (hashish); can't cope.
(4) Parents hassle me; they suspect I do dope.

User G: (1) Feeling of listlessness.
(2) Decreased awareness of others.
(3) Diminished stamina for dancing.
(4) Insecurity: more dependance on friends for emotional stability.
(5) Money: it's expensive.
(6) Heroin and "speed" (amphetamines); they give you physical, financial and emotional problems.

User H: (1) "Flashbacks" (reexperiencing a "trip"); I'm frightened.
(2) Acid; almost freaked out; really depressed, didn't know what to do or who to talk to and thought that I wouldn't come down. Tried to stay in bed and not think about it; fell asleep finally; when woke up, felt snowed under.
(3) Almost O.D. on: one pipe hash, five "j's" ("joints" or cigarettes), grass, "crystal," (methamphetamine),white lightning, beer. Lost all orientation, understanding, couldn't see; just there. OK now, I guess.
(4) No effects when not doing drugs (varsity athlete).
(5) Limits physical activity, except speed. Can't fight or move body. When tripping - can't think.

User I: (1) Paranoia.
(2) Strung out on speed. Less orientation and awareness.
(3) Two bad acid trips - if you didn't remember that you had dropped acid, you'd think you were flipping out. Very, very depressed and anxious, like having a heavy weight on your back. Hard to wait out; minutes go like hours. Friend had died in car accident and death became very frightening, more real and even super-real

to me. Won't take acid anymore because of this.
(4) Communications problems - lose contact with others while stoned or tripping.

It is evident that the illegal nature of their drug use affected these respondents greatly. Rather than the usual "translation" of users' feelings and descriptions into academic verbage, the above statements show perhaps even more strikingly the multitudinal problems presented to these users due to their illegal activities.

(Characteristics such as socio-economic status, race, ethnicity, religion, education levels, income level, and academic grade average, were not found to be statistically significant as explanatory (relative to the above mentioned variables).

DRUG KNOWLEDGE COMPARISONS

In addition to attitudinal aspects, data regarding the respondent's drug knowledge was also studied.

Some interesting points can be drawn from an inspection of the respondents' knowledge test results (see table #3). Scores regarding barbiturates, amphetamines, and hallucinogens were consistently lower for all occupations, than those for the marijuana and opiate categories. The police scored consistently lower than the other groups on every section. This is in spite of the fact that: a) their occupation is such that possession of this type of information should be accessible, usual, and a great benefit to the successful execution of their duties, and b) figure #1 showed these police to be the most formally trained of all occupational categories. The scores increased as did the respondents' general educational level, with the college graduates scoring the highest.[6] The variable of education was followed by drug related behavior (use or not of illegal drugs) as the most powerful predictor of high knowledge scores. Users consistently scored higher than non-users (holding education constant).[7]

Table three about here

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6. This finding is in general agreement with the Pennsylvania Department of Health Survey (Larimer, et al., 1971:2-9) where there was a progressive increase in drug knowledge scores from the seventh through the twelfth grades.

7. A general education test might possibly yield the same occupation - test score relationship, but the content of this test was totally within an area which should have been an occupational specialty for these respondents. Additionally, some of these people had already received special training in this field.

Table 3. Drug Knowledge Test Scores, by Occupation and Test Category

Test Category	Respondent Occupation (N=124)					Students	
	Mental Health Personnel (12)	Teachers (18)	Ministers (8)	Parents (22)	Police (8)	Users (22)	Non-Users (34)
Marijuana	89.5	73.5	75.0	49.7	40.7	84.0	72.0
Heroin	95.1	80.6	75.0	71.4	50.0	79.0	70.6
Barbiturates, Amphetamines, and Hallucinogens	80.0	62.3	45.8	41.4	29.2	67.6	38.6
Overall Mean Scores (Max. =165)	85.3	69.4	58.0	50.1	36.4	73.7	53.3

By further comparison, an overview of illegal drug behavior of one large eastern state's high school population (Larimer, 1971) found that 26% of all high school seniors had smoked marijuana and 7% had used heroin. The use of LSD, barbiturates, and amphetamines fell between these two extremes. (This study however, did not attempt to analyze attitudes or knowledge regarding various aspects of illegal drug use). Another study of students in the seventh through twelfth grades also recorded incidence of illegal drug use (Hays, 1971). Close to 6,000 students were questioned regarding their use of various illegal drugs and increasing incidence of drug use was again found from seventh to twelfth grades, the highest rate of increase coming from the tenth to the eleventh grade (no attitudinal or knowledge data was gathered). Both of these sources have findings which compare favorably with the incidence estimates made by the drug users in this study.

SUMMARY

From these findings, one fact becomes apparent. To drug users, their behavior is not an "escape from reality" or a "false reality." Drug use and experience are simply a drug reality. The respondent-users support, by their replies, the importance which drug use can have to a person. Their experiences are quite genuine, valid, and normal to them, whereas they may be symptoms of a social psychological pathology or illegality to the non-user.

One impressive aspect was that the users were both enthralled and reflective in referring to what they considered to be their particular and personal drug problem. They spoke of specific episodes, rather than blanket statements, even concerning particular drugs. Further, when describing their, at times, traumatic problems, they invariably mentioned that they would continue to "do" certain drugs in the future (particularly marijuana).

Perhaps a great deal of current drug education is thus based upon somewhat faulty premises. That is, merely pointing out the facts and problems of drug use, of which many users are already aware, the drug

dilemma will not be eradicated. Categorical summations of the dangers of drugs, would not seem to be enough to disuade the typical chronic user from further usage. Rather, many users have a drug oriented self definition, perceiving who and what they are as being intimately connected with drug use and drug effects.

The drug experience is a very sociologically and psychologically intense one and, as such, the problems encountered manifest themselves as vivid and strong personal problems. As understanding, trust, and open discussion are basic and necessary prerequisites for attacking many types of socio-medical problems, many drug users often view these qualities as lacking in parents and other would-be counselors.[8]

Analysis of non-user responses shows that what they feel are the most dramatic problems caused by drug use, reflects their various professions. That is, all police stated "increased crime rates" as the foremost problem. Teachers often (50%) cited "apathy and slacking in school" and many mental health clinic professionals (80%) listed a range of physical and psychological disorders as the worst problems.[9]

The non-drug-using population saw these various problems as good reasons for not using any form of illegal drug. The users, however, enumerated (often from personal experience) an even wider variety of difficulties than seen by the non-using group. The users also did not categorically view their past poor experience with a particular drug as reason for discontinuing its usage, let alone not using any drug at all.

There is far more, then, to the dilemma of drug education prevention than a matter of identification and labelling. Many facts (legal, economic, social, etc.) surrounding drug use are usually quite clear from both sides of the using/non-using fence. But the problems' exact meaning to each side (and therefore the behavioral consequence) is not at all as apparent.

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8. In addition to the occupations surveyed herein, physicians' attitudes and knowledge should also be studied, thereby obtaining insights pertaining to an ever wider spectrum of our society's "counselors."

9. Further research, based on the findings as shown in fugure #2, might ask respondents from various occupational categories to answer a "forced choice" type of question, now that a variety of responses has been ascertained. Statistical analysis could then be accomplished from such data.

At present, we have in many communities a rather large problem with very few citizens adequately educating themselves and with equally few organizations providing quality education. Past experience indicates that unbiased informal, self education is at best sporadic and infrequent. With few opportunities for more formal, qualified, and objective education, many if not most of our citizens will probably remain ignorant and/or myth-filled.

Regarding marijuana, both users and the majority of non-users see no justifiable reasons for the assorted "problems" the substance now causes. Narcotics and barbiturates, the hallucinogens, and amphetamines are seen by both groups as being the potentially dangerous drugs. The non-using population thinks the problems created by these drugs are sufficient for not using, while only one user in this sample stated he would not use a particular drug anymore because of the frightening emotional experience of his "trip."

Attempting any overreaching conclusion with such a complex subject as illegal drug use is difficult at best. Many will have already formulated their own conclusions by (or before) this point. There is definitely a genuine line of attitudinal demarcation present, in that one group does not use any form of illegal drug, and reflects this in their response in a variety of ways, and the other, smaller group does use drugs and thinks (and therefore acts) quite differently.

Marijuana is by far the most favored of the illegal drugs by both populations in regard to its problematic potential. The "harder" drugs are generally the more poorly understood, the more feared, and most dangerous in the eyes of both populations. It is felt therefore, that the often quoted desire for "broader and more factual drug education" is not necessarily what is truly needed in the future at all. Rather, what it means to have experienced these things which lead to drug use, to have used one of these drugs, and how drugs are often an integral part of the user's life must somehow be taught and understood and acted upon.

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